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Items of Interest:

The common cold. Sneezing, scratchy throat, runny nose-everyone knows the first signs of a cold, probably the most common illness known. Although the common cold is usually mild, with symptoms lasting 1 to 2 weeks, it is a leading cause of doctor visits. Symptoms of the common cold usually begin 2 to 3 days after infection and often include difficulty breathing through your nose, sneezing, sore throat, cough, and headache. There is no cure for the common cold, but you can get relief from your cold symptoms by resting in bed, drinking plenty of fluids and taking acetaminophen. For more information about the common cold, visit <http://www.niaid.nih.gov/factsheets/cold.htm>.

Navy and Marine Corps Medical News

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Newest Veterans Receive Priority for Veterans Affairs Medical Care

By Donna Miles, American Forces Press Service

WASHINGTON – The estimated 120,000 veterans of operations in Iraq and Afghanistan receiving medical care through the Department of Veterans Affairs are getting top priority as they access some of the world's best-quality medical treatment, the secretary of Veterans Affairs said.

R. James Nicholson spoke to American Forces Press Service and the Pentagon Channel honoring of National Veterans Awareness Week, Nov. 6 and continues through Nov. 12.

Although the wounded veterans of Operation Iraqi Freedom represent just two percent of the VA's

total patient load, "it's a very important two percent because these are young people who have come back from the combat zone," Nicholson said.

As a result, the VA is "giving them priority and making sure we are taking care of their physical and mental needs" so they can continue to enjoy productive lives, he said.

Seeing the nation's young people return home from combat reinforces the message that freedom comes at a high cost, Nicholson said. "Freedom is not free, and they are paying the ultimate price," Nicholson said. "And so, they will be taken care of and given whatever (health care and related assistance)

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ATLANTIC OCEAN - Hospital Corpsman 3rd Class Carly Davis draws blood for an HIV test from a Sailor during the birth month recall in the medical clinic aboard the Nimitz-class aircraft carrier USS Harry S. Truman (CVN 75). U.S. Navy photo by Photographer's Mate 3rd Class Kristopher Wilson

Visiting Nurses Program Revived in Pensacola



PENSACOLA - Navy-Marine Corps Relief Society Visiting Nurse Nina Compton visits Leticia O'Campo, the spouse of a retired Navy Veteran, in the widow's home in Pensacola during Compton's regular weekly rounds to attend patients in need of information or services as part of the NMCRS' reborn Visiting Nurse program. *U.S. Navy photo by JO1 Russell Tafuri, Naval Hospital Pensacola*

By Journalist 1st Class (AW) Russ Tafuri, Naval Hospital Pensacola

PENSACOLA, Fla. – Naval Hospital Pensacola (NHP) and Pensacola Navy-Marine Corps Relief Society (NMCRS), with cooperation with Naval Hospital Pensacola, has re-started the Visiting Nurse Program

The service is free and available to Naval Services members, eligible family members, and survivors, including active duty, retirees, and reservists.

The Visiting Nurse program attempts to identify and meet needs not being met by other military or civilian programs in the area. The main function of the Visiting Nurse is to provide health education and information about health-related resources.

"It will close the loop on patient care and assure continuity of care between hospital and home," said

Lt. Cmdr. Maria Augustin, a nurse at NHP. The nurse "can help patients improve their quality-of-life, answer questions they forgot to ask while an inpatient, provide education if needed; and the patient still can maintain their independence at home."

The Visiting Nurse provides education, support, and referral services to eligible members in the area who need to address a number of topics including postpartum or newborn care, post-surgical follow-up care, child development and parenting issues, ongoing medical conditions, and information on medications and nutrition.

The addition of the NMCR nurse "adds the component of home visiting which we have been lacking," said Cmdr. Kathleen Michel, NHP

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Navy Personnel Urged to AID LIFE in Suicide Awareness, Prevention

From Navy Personnel Command Communications

MILLINGTON, Tenn. - The Navy's Fleet and Family Support Centers have launched the 'AID LIFE' suicide awareness and prevention campaign to offer the Navy community watchdog tips for saving lives.

The suicide prevention campaign is aimed at first responders - anyone who notices the warning signs of suicide and takes preventive action. AID LIFE is designed to make everyone aware of the warning signs and prompt them to intervene with those at risk.

"Every life and every Sailor is important, and the Navy leadership views the loss of one Sailor as a serious loss," said Dr. Tony Doran, director of the Navy's Suicide Prevention Program at Navy Personnel Command (NPC). "The key message is that anyone in the Navy can save lives. Whether you are a junior-level Sailor, a captain, active

duty or reserve, you can help people before it's too late."

AID LIFE is also a step-by-step memory aid on what individuals should do if they encounter someone who may be suicidal: ask, intervene immediately, don't keep it a secret. Locate help, inform your chain of command, find someone, don't leave the person alone, expedite, get help right away.

"Sailors should tell someone immediately if they suspect someone of being suicidal," said Melody Goodwin, ethical adviser for NPC. "If you keep quiet, you can do more harm that way. Tell someone in the chain of command. Make sure the chaplains and appropriate personnel know."

According to Goodwin, while there is no absolute sign that someone is in danger of taking their life, most have a hard time hiding personal struggles, engage in drug or alcohol abuse, and have strong feelings of guilt.

"One indicator that we see a lot

is Sailors giving away their personal belongings and making final plans," she said.

The Navy offers suicide prevention training through its Fleet and Family Support Center with experienced mental health professionals and substance abuse programs. Base chaplains are also available to help, with chapels regularly offering suicide prevention training.

The goal is to "pair up those who need help with professionals," Doran said. "We don't have suicide support groups, but commands might have a depression support group or any number of services to help an individual deal with suicidal thoughts."

For more information visit on suicide prevention, visit the Navy One Source Web site at **www.navyonesource.com**. Individuals may also call (800) 540-4123 for help 24 hours a day, seven days a week.

Naval Hospital Camp Lejeune Sailors Set the Pace in Veteran's Day Parade

By Raymond L. Applewhite, Naval Hospital Camp Lejeune Public Affairs

CAMP LEJEUNE—Naval Hospital Camp Lejeune Sailors were honored when asked to participate in the 9th Annual Veteran's Day Parade, Nov. 5 in Jacksonville, NC.

As far as anyone can remember, this was the first time in the event's nine year history that the Sailors actually marched in the Veteran's Day parade. Hundreds of attendees stood at attention, followed by cheers and applause as the hospital color guard, led a formation of 100 Sailors marching smartly down the parade route. Another first for the hospital included Navy Captain Richard C. Welton, commanding officer, Naval Hospital Camp Lejeune acting as the parade's grand marshal. Welton was all smiles as he sat perched atop a vintage Rolls Royce convertible and proudly led the parade followed by his Sailors and a hospital static display float.

Formations of Marines, some of whom recently returned from Operation Iraqi/Enduring Freedom, static display equipment, more than 100 different veteran organizations and various community groups followed the Navy in the parade.

"I think the community is pleased with our efforts to take care of the Active Duty, family members and retirees," Welton said. "I too am very pleased with your efforts. Somehow I feel this is the community's



JACKSONVILLE, N.C.— Capt. R. C. Wilton, commanding officer Naval Hospital Camp Lejeune (NHCL), served as the Grand Marshall of the Veterans Day Parade in Jacksonville, N.C. NHCL Sailors were invited and participated in the parade Nov. 5. *U.S. Navy Photo by Hospital Corpsman 3rd Class R. L. Davila.*

and our patients' way of saying thank you."

For some of the Sailors at the hospital, this was their first time marching in a parade, while others are seasoned veterans.

"All the Sailors seemed excited and jumped at the opportunity to participate," said Command Master Chief, Master Chief James Tubbs. "I think their expectations were surpassed and they would gladly do something like this again."

Newest Veterans continued...

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they need ... for the rest of their lives."

It's gratifying to watch the recovery these wounded veterans make, particularly when hearing many of them say they want nothing more than to return to duty with their units, Nicholson said.

But for those unable to do that, Nicholson said, the VA's responsibility is to help them see beyond their wounds and recognize that they can continue to live productive lives.

"That's part of our mission, to show them all the things they still can do and not have them focus on the things they can no longer do," he said.

While the nation gave special consideration of its veterans during the week, the VA continues its long-standing commitment to the nation's veterans year-round, Nicholson

said. For the past 75 years, the VA has provided health services and other benefits to veterans, living up to the promise made by President Abraham Lincoln during his second inaugural speech: "To care for him who has borne the battle, and for his widow and his orphan."

Over its history, the VA has created the world's most comprehensive system of assistance for veterans, including what Nicholson described as "world-class health care." Some 237,000 VA professionals provide health care to more than 5 million veterans through 187 medical centers and 860 outpatient clinics.

A computerized medical record system -- one Nicholson said he hopes will serve as a model for the Defense Department and other organizations -- helps eliminate hospital mix-ups and ensures more thorough patient care, he said.

In addition, VA remains a leader in medical research, from studies involving Parkinson's disease to a recent breakthrough in immunizations for shingles, he said.

Nicholson said Congress and the Bush administration have demonstrated through increased funding for VA health care that they remain committed to ensuring veterans receive the top-quality services they deserve. VA funding has increased more than 50 percent since 2001, he noted.

"Veterans of every era can rest easy knowing that access to what has been described as the finest integrated health care system in the country will remain undiminished -- especially for low-income veterans, those with service-connected disabilities (or) special needs or who have recently returned from combat," Nicholson said.

Navy Corpsmen Follow Their Patients to the Front Lines

By Sgt. Josh H. Hauser, 2nd Force Service Support Group

HUSAYBAH, Iraq - Marines involved in Operation Steel Curtain rely heavily on each other, their weapons and training for mission success. However, an invaluable asset to any Marine Corps unit is the brave personnel who follow them into battle: the Navy Corpsmen.

Tasked with maintaining the medical health and safety of the Marines they are assigned to, these sailors travel with their Marines from stateside command to the front lines, caring for them each step of the way.

Dedicated to the medical needs of Marines during peacetime and combat, these select few hospital corpsmen, affectionately called "Doc" by their Marines, must complete the Field Medical Service School prior to attaching to a Marine unit.

The process is entirely voluntary but viewed as a privilege by those who have chosen what they call the "green side" of Navy service.

"There is a lot of trust between Marines and corpsmen; there has to be," said Hospital Corpsman Lester E. Spence, assigned to 8th Engineer

Support Battalion ESB), Combat Logistics Battalion-2, 2nd Marine Logistics Group (Forward).

Trust is crucial in a combat environment.

"My Marines know that if anything happens to them, I'll run in there to help them no matter what the situation," he said. "If I have to put my life in danger, I will. That's why I'm here: to be with my guys."

The sense of camaraderie the Marine Corps has become famed for also extends to the corpsmen who attend to them according to Hospital Corpsman Manuel A. Arciniegas, with 8th ESB.

Corpsmen here deal with the horrors of war at a moments notice. Facing blast injuries, burns, broken bones and gunshot wounds, they provide treatment even under fire. They are the first line of treatment for the service members here.

"We're basically a paramedic in the field," Arciniegas said. "Any medical care we can provide to our patient within our means, we do."

Corpsmen also act as caregivers to the enemy and anyone else who may be injured on the battlefield.

"Under Geneva Convention guidelines we have to care for anybody who asks or who we see needs help," Spence said.



HUSAYBAH, Iraq - Hospital Corpsmen Manuel A. Arciniegas (center) and Lester E. Spence treat a resident of Husaybah, Iraq, outside of a forward operating base here. Both are assigned to 8th Engineer Support Battalion, Combat Logistics Battalion-2, 2nd Marine Logistics Group (Forward). U.S. Marine Corps photo by Marine Corps Sgt. Josh H. Hauser

They are also considered non-combatants under the Geneva Convention but are authorized to carry weapons in order to protect their patients.

While Marines continue operations to ensure a free and democratic country for the people of Iraq, they can do so knowing that the Navy's dedicated corpsmen are there for them each step of the way.

TRICARE Authorizes Extension for Some Blanket Referrals for Hurricane-Affected Beneficiaries

By Christine Mahoney, Bureau of Medicine and Surgery Public Affairs

WASHINGTON - Temporary authorized blanket referrals for most TRICARE Prime enrollees from Hurricane Rita-affected areas end October 31. Usual TRICARE Prime policies will resume for these enrollees including referral requirements and point of service cost shares and deductibles.

"Due to any type of disaster, when a TRICARE beneficiary decides or is forced to leave their home, and when a TRICARE beneficiary decides to stay in the safe haven or return home, the beneficiary needs to become established with a primary care provider in whichever area they choose to reside in," said Cmdr. Geralyn Haradon, Bureau of Medicine and Surgery, Health Care Analyst, Healthcare Planning and TRICARE Operations Navy Service Representative. "This is necessary so beneficiaries

can have their TRICARE care issues resolved and first-rate quality health care can continue."

For some Hurricane Rita and all Hurricanes Katrina and Wilma-affected enrollees the temporary authorization for blanket referrals is extended until November 30. TRICARE Prime enrollees from the hurricane-affected areas are included in the November 30 extension of the authorization for blanket referrals.

TRICARE Prime enrollees whose authorized blanket referrals end October 31 who relocated to a new area for more than 30 days or whose primary care manager will continue to be unavailable after October 31 should either transfer their enrollment, if TRICARE Prime is available, or disenroll and use TRICARE Standard. Prime enrollees whose authorized blanket referral ends November 30 should transfer their enrollment or disen-

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Military Health System Enters New Era

**Special release from the U.S.
Department of Defense**

WASHINGTON - The Department of Defense achieved a major milestone with the launch of AHLTA, its global electronic health record system, at a ceremony hosted by Dr. William Winkenwerder, assistant secretary of defense for health affairs, and attended by Michael O. Leavitt, secretary of health and human services, at the National Naval Medical Center in Bethesda Nov. 21.

AHLTA is the largest, most significant electronic health record system of its kind with the potential to serve more than 9 million service members, retirees and their fami-

lies worldwide. When fully implemented, about 60,000 military healthcare professionals at DoD medical facilities in the United States, and 11 other countries will use this electronic health record system.

"Beneficiaries' health records will be available around the clock and around the world, available to healthcare providers, yet protected from loss and unauthorized access," said Winkenwerder. "Our electronic health record has matured to a point that its size and complexity are unrivaled. ."

Many thousands of military medical providers are using the system, and nearly 300,000 outpatient visits are captured digitally

every week. Full deployment of the system in DoD's 800 clinics and 70 hospitals will be complete by December 2006.

"With the roll-out of AHLTA, the Department of Defense has made a great step toward achieving President Bush's goal of making electronic health records available to a majority of Americans within 10 years," said Leavitt. "The lessons we learn from an initiative of this geographic scope and patient base will prove invaluable for future private and government health systems."

More information on AHLTA can be found on their Web site at www.ha.osd.mil/AHLTA.

Visiting Nurses continued...

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head of Women and Children Department. "Prenatal families get lots of education prior to the birth; and right after the birth in the hospital and with the post-partum care clinic visit. But we have been missing the home visit. This home visit helps complete the circle."

The home nurse will also be able to visit elderly patients that healthcare providers may have concerns

about.

The local Visiting Nurse program wouldn't have seen its rebirth if it weren't for the work of the Naval Hospital's former Director of Nursing, Capt. Pam Roark.

"Captain Roark took her compiled data, and together with NMCRS volunteer Catherine White, and put the proposal together for the program and sent it to the society's headquarters in Virginia" where it was approved.

The Pensacola Visiting Nurse program is making itself known within the social and medical network of Pensacola area and will be here as long as the need exists, she said.

"I enjoy the growth of cooperation between the program and the medical and counseling services in the area so far and am looking forward to the future of that as well," said Nina Compton, visiting Pensacola Registered Nurse (RN).

TRICARE Authorizes continued...

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roll no later than November 30. This also applies to enrollees in TRICARE Prime Remote for active duty family members.

Beneficiaries may call the regional contractor: Humana Military Healthcare Services (South region), 1-800-444-5445; HealthNet (North region), 1-877-874-2273; or Tri-West (West region), 1-888-874-9378 to find a provider.

Enrollment transfers in the six months following the hurricane disasters will not count against the transfer limits that normally apply to the enrollment period. For Hurricane Katrina the effective dates are

Aug. 29, 2005, through Feb. 28, 2006; for Hurricane Rita the effective dates are Sept. 21, 2005, through March 20, 2006; and for Hurricane Wilma Oct. 21, 2005, through April 18, 2006. Members should pay their enrollment fees when due unless they make other arrangements with their TRICARE regional contractor.

The temporary authorized blanket referrals allow TRICARE Prime beneficiaries to receive non-emergency, non-mental health care from providers other than their assigned primary care manager without having to ask for a referral.

Got News? If you'd like to submit an article or have an idea for one, contact MEDNEWS at 202-762-3218, fax 202-762-1705 or camahoney@us.med.navy.mil.